

Part A-GEN GENERAL

PERSONAL INFORMATION	Name				PAN			
	Is there any change in the company's name? If yes, please furnish the old name							
	Flat/Door/Block No		Name Of Premises/Building/Village			Date of formation/incorporation (DD/MM/YYYY) / /		
	Road/Street/Post Office		Area/Locality			Status- Write 1 if company, write 2 if firm, and write 3 if others In case of company- If domestic, write '1' and if other than domestic, write '2'		
	Town/City/District		State	Pin code				
Email Address				(STD code)-Phone Number ()				
FILING STATUS	Designation of Assessing Officer		Area Code	AO Type	Range Code	AO No	Return filed under Section (Enter Code) [See instruction number-9(i)]	
	Whether original or Revised return? (Tick) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised							
	If revised, then enter Receipt No and Date of filing original return (DD/MM/YYYY)				/ /			
	Residential Status (Tick) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Resident but Not Ordinarily Resident							
	In the case of non-resident, is there a permanent establishment (PE) in India (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	Whether this return is being filed by a representative assessee? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	If yes, please furnish following information -							
	(a)	Name of the representative						
	(b)	Address of the representative						
(c)	Permanent Account Number (PAN) of the representative							
AUDIT INFORMATION	Are you liable to maintain accounts as per section 44AA? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	Are you liable to audit under section 44AB? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If yes, furnish following information-							
	(a)	Name of the auditor						
	(b)	Address of the auditor						
	(c)	Membership no. of the auditor						
	(d)	Permanent Account Number (PAN) of the auditor						
(e)	Date of audit report.							

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Receipt No

Date

Seal and Signature of receiving official

PART-B

Part B Computation of Fringe Benefits and fringe benefit tax

COMPUTATION OF FRINGE BENEFITS AND FRINGE BENEFIT TAX	1	Value of fringe benefits			
		a	for first quarter	1a	
		b	for second quarter	1b	
		c	for third quarter	1c	
		d	for fourth quarter	1d	
		e	Total fringe benefits (1a + 1b + 1c + 1d) (also 24 iv of Schedule-FB)		1e
	2	Fringe benefit tax payable [30% of 1e]		2	
	3	Surcharge on 2		3	
	4	Education Cess on (2 + 3)		4	
	5	Total fringe benefit tax liability (2 + 3 + 4)		5	
6	Interest payable				
	a	For default in payment of advance tax (section 115WJ (3))	6a		
	b	For default in furnishing the return (section 115WK)	6b		
	c	Total interest payable		6c	
7	Aggregate liability (5 + 6c)		7		
8	Taxes paid				
	a	Advance fringe benefit tax (from Schedule-FBT)	8a		
	b	On self-assessment (from Schedule-FBT)	8b		
	c	Total Taxes Paid (8a + 8b)		8c	
9	Tax Payable (Enter if 7 is greater than 8c, else enter 0).		9		
10	Refund (enter If 8c is greater than 7, else enter 0) also give the bank account details in Schedule-BA		10		
REFUND	11	Enter your bank account number (mandatory in case of refund)			
	12	Do you want your refund by <input type="checkbox"/> cheque, or <input type="checkbox"/> deposited directly into your bank account? (tick as applicable <input 3"="" checked="" type="checkbox/>)</td> </tr> <tr> <td>13</td> <td colspan="/>In case of direct deposit to your bank account give additional details			
		MICR Code		Type of Account (tick as applicable <input checkbox"="" checked="" type="checkbox/>) <input type="/> Savings <input type="checkbox"/> Current	

14 E-filing Acknowledgement Number Date(DD/MM/YYYY) / /

VERIFICATION

I, _____ (full name in block letters), son/ daughter of _____ solemnly declare that to the best of my knowledge and belief, the information given in the return and the schedules thereto is correct and complete and that the amount of fringe benefits and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of fringe benefits chargeable to income-tax for the previous year relevant to the assessment year _____. I further declare that I am making this return in my capacity as _____ and I am also competent to make this return and verify it.

Place _____ **Date** _____ **Sign here** → _____

Schedule FBI Information regarding calculation of value of fringe benefits

Fringe benefit information	1	Are you having employees based both in and outside India? If yes write 1, and if no write 2		<input type="checkbox"/>
	2	If answer to '1' is yes, are you maintaining separate books of account for Indian and foreign operations? If yes write 1, and if no write 2		<input type="checkbox"/>
	3	Total number of employees		
		a	Number of employees in India	3a
		b	Number of employees outside India	3b
	c	Total number of employees		3c

Schedule FB Computation of value of fringe benefits

VALUE OF FRINGE BENEFITS	Sl. No.	Nature of expenditure	Amount/value of expenditure*	Percent -age	Value of fringe benefits	
					iv= ii x iii ÷ 100	
		i	ii	iii		iv
	1	Free or concessional tickets provided for private journeys of employees or their family members (the value in column ii shall be the cost of the ticket to the general public as reduced by the amount, if any, paid by or recovered from the employee)	1ii	100		1iv
	2	Contribution to an approved superannuation fund for employees (in excess of one lakh rupees in respect of each employee)	2ii	100		2iv
	3	Entertainment	3ii	20		3iv

4	a	Hospitality in the business other than business referred to in 4b or 4c or 4d	aii	20	aiv
	b	Hospitality in the business of hotel	bii	5	biv
	c	Hospitality in the business of carriage of passengers or goods by aircraft	cii	5	civ
	d	Hospitality in the business of carriage of passengers or goods by ship	dii	5	div
5		Conference (other than fee for participation by the employees in any conference)	5ii	20	5iv
6		Sales promotion including publicity (excluding any expenditure on advertisement referred to in proviso to section 115WB(2)(D))	6ii	20	6iv
7		Employees welfare	7ii	20	7iv
8	a	Conveyance, in the business other than the business referred to in 8b or 8c or 8d	aii	20	aiv
	b	Conveyance, in business of construction	bii	5	biv
	c	Conveyance in the business of manufacture or production of pharmaceuticals	cii	5	civ
	d	Conveyance in the business of manufacture or production of computer software	dii	5	div
9	a	Use of hotel, boarding and lodging facilities in the business other than the business referred to in 9b or 9c or 9d or 9e	aii	20	aiv
	b	Use of hotel, boarding and lodging facilities in the business of manufacture or production of pharmaceuticals	bii	5	biv
	c	Use of hotel, boarding and lodging facilities in the business of manufacture or production of computer software	cii	5	civ
	d	Use of hotel, boarding and lodging facilities in the business of carriage of passengers or goods by aircraft	dii	5	div
	e	Use of hotel, boarding and lodging facilities in the business of carriage of passengers or goods by ship	eii	5	eiv
10	a	Repair, running (including fuel), maintenance of motor cars and the amount of depreciation thereon in the business other than the business of carriage of passengers or goods by motor car	aii	20	aiv
	b	Repair, running (including fuel), maintenance of motor cars and the amount of depreciation thereon in the business of carriage of passengers or goods by motor car	bii	5	biv
11		Repair, running (including fuel) and maintenance of aircrafts and the amount of depreciation thereon in the business other than the business of carriage of passengers or goods by aircraft	11ii	20	11iv
12		Use of telephone (including mobile phone) other than expenditure on leased telephone lines	12ii	20	12iv
13		Maintenance of any accommodation in the nature of guest house other than accommodation used for training purposes	13ii	20	13iv
14		Festival celebrations	14ii	50	14iv
15		Use of health club and similar facilities	15ii	50	15iv
16		Use of any other club facilities	16ii	50	16iv
17		Gifts	17ii	50	17iv
18		Scholarships	18ii	50	18iv
19		Tour and Travel (including foreign travel)	19ii	5	19iv
20		Value of fringe benefits (total of Column iv)			20iv
21		If answer to '1' of Schedule-FBI is no, value of fringe benefits (same as 20iv)			21iv
22		If answer to '2' of Schedule-FBI is yes, value of fringe benefits (same as 20iv)			22iv
23		If answer to '2' of Schedule-FBI is no, value of fringe benefits (20iv x 3a of Schedule-FBI ÷ 3c of Schedule-FBI)			23iv
24		value of fringe benefits (21iv or 22iv or 23iv as the case may be)			24iv

NOTE ► *If answer to '2' of Schedule-FBI is yes, enter the figures in 1ii to 19ii on the basis of books of account maintained for Indian operation.

Schedule FBT Details of payment of Fringe Benefit Tax

TAX PAYMENTS	Sl No	Name of Bank & Branch	BSR Code							Date of Deposit (DD/MM/YYYY)	Serial Number of Challan				Amount (Rs)
	i														
	ii														
	iii														
	iv														
	v														

NOTE ▶ Enter the total of v in 8a and 8b of PART-B

